

## UNITED STATES DISTRICT COURT

District of

Plaintiff

V.

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

I, June M. Siman declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

TPQY DTE:05/18/04 SSN:017-58-8744 DOC:052 UNIT:1 PG: 001  
STATUS MBR YES LOU-05/18 SSACCS NO LOU-05/17 SSR YES LOU-05/07/97  
INPUT SOCIAL SECURITY NUMBER 017-58-8744 NAME J SIMAN USER CODE 1  
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER 017-58-8744A  
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: 017-58-8744  
JUNE M SIMAN FEMALE BORN:12/16/62 ENTITLED:12/1994 JUN 29 12 44 PM  
JUNE M SIMAN 42 WALNUT ST DEDHAM MA 02026

PAYMENT STATUS CODE: C -BENEFITS PAID  
NET MONTHLY BENEFIT IF PAYABLE: \$455.00  
BENEFIT HISTORY:

U.S. DISTRICT COURT  
DISTRICT OF MASS.

DATE: GROSS BENEFIT:  
12/2003 \$455.00 CREDITED  
05/2003 \$445.00 CREDITED

INPUT SOCIAL SECURITY NUMBER 017-58-8744 NAME J SIMAN USER CODE 1  
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON 017-58-8744  
JUNE MARY SIMAN FEMALE BORN:12/16/62 ELIGIBLE:12/1995

APPLICATION DATE: 12/05/1995 TYPE OF PERSON: DISABLED INDIVIDUAL  
CITIZEN/ALIEN CODE: N

MAILING ADDRESS:

JUNE MARY SIMAN  
42 WALNUT ST  
DEDHAM MA 02026 2921

RESIDENCE:

42 WALNUT ST DEDHAM MA 02026

NET CURRENT BENEFIT FOR 05/01/2004 - FED AMT: \$128.96 STATE AMT: \$114.39

PAYMENT HISTORY OF NET BENEFITS PAID:

DATE:	FEDERAL AMT:	STATE AMT:	TYPE OF PAYMENT:
05/01/2004	\$ 128.96	\$ 114.39	RECURRING
04/15/2004	\$ 0.00	\$ 251.97	REGULAR UNDERPAYMENT
01/01/2004	\$ 128.96	\$ 30.40	RECURRING
12/01/2003	\$ 126.96	\$ 30.40	RECURRING
11/01/2003	\$ 68.72	\$ 30.40	RECURRING
11/01/2003	\$ 58.24	\$ 0.00	OVERPAYMENT RECOVERY
10/01/2003	\$ 68.72	\$ 30.40	RECURRING
10/01/2003	\$ 58.24	\$ 0.00	OVERPAYMENT RECOVERY
09/01/2003	\$ 126.96	\$ 30.40	RECURRING
05/01/2003	\$ 189.96	\$ 30.40	RECURRING

PAYMENT STATUS CODE: C01 - PAY E

INPUT SOCIAL SECURITY NUMBER 017-58-8744 NAME J SIMAN USER CODE 1

\*\*\*INFORMATION\*\*\*

\*\*\*D O REVIEW REQUIRED\*\*\*

IDENTITY DISCREPANCY BETWEEN MBR & SSR:  
PERSONS NAME DISCREPANT

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. currently Approx 0.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

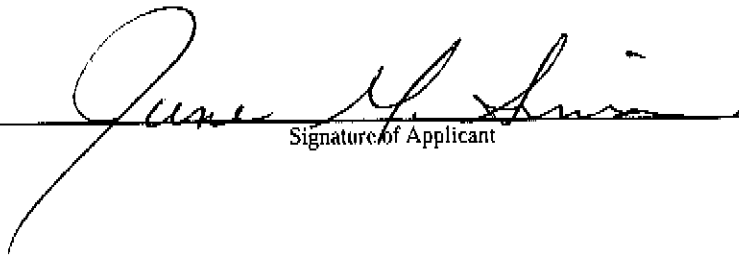
If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Samantha C. Hourihan -  
daughter, age 14, I have  
Full physical custody &  
Lina Simone Hourihan, daughter,  
age 11, also at home with  
me.

I declare under penalty of perjury that the above information is true and correct.

6/29/04  
Date

  
Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.